



Stakeholder Group Meeting
New Hampshire State Health Care
Innovation Model

June 27, 2013



Agenda



Introductions	5 minutes
Project Update	5 minutes
Workgroup Updates	40 minutes
Overview of Emerging Themes	10 minutes
Straw Person Discussion	50 minutes
Next Steps	10 minutes

System Redesign

System Redesign Workgroup Highlights

Proposed System Redesign strategies

- Policy characteristics of LTSS assessments
 - Eligibility standard reflects risk of future need for facility-based care
 - Standard recognizes cost effectiveness of prevention
- Broader focused care plans
 - Family centered and reflect the needs and values of individuals
 - Conflict-free care plan development
 - Care plan should encompass all services from all payers
 - Care coordination plan developed in conjunction with the care plan
 - Care team identified as part of the care coordination plan
 - Team encompasses all services that an individual receives
 - Leader assigned for each individual based on the focus of the care plan
 - Consider expansion of the health home model to individuals receiving LTSS services

System Redesign Workgroup Highlights

Proposed System Redesign strategies

- Individual budgets should be adopted for all waiver programs
 - Broad choices on spending budgets
 - More resources to help make informed decisions
 - Provide “guide” to individuals to manage budget and make decisions about utilization of services and providers
 - Shop for services based on price and quality of providers
 - Access qualified providers without geographic restrictions
 - Explore Community Passport program and the Section Q program as models on helping individuals make informed choices
 - Share in savings when budget is not completely expended

Payment Redesign

Payment Redesign Workgroup Highlights

Redesign Recommendations

- Individual budgeting be adopted across all LTSS programs
 - A conflict free “co-pilot” model should be created to assist individuals manage their budget and select providers
 - Pricing and where available, quality information should be made available on all providers
 - Individuals should have broad latitude on what services they use
 - Individuals should be able to retain a portion of any unused funds in their budget at the end of the year
- A Global “Triple Aim” Incentive pool should be created for gain/risk sharing to promote better health, better care and lower costs by incenting providers in all the systems of care for individuals receiving LTSS services
 - Re-investment of a portion of savings into the LTSS system should be a component of the pool
 - Incentive program should encourage better care coordination and encourage providers to think beyond the services they currently provide or control
 - Other payers should be encouraged to participate in the pool

Payment Redesign Workgroup Highlights

Redesign Recommendations

- The payment system should recognize and reward the role of care team leader, in what ever model is adopted. Where possible, a multi-payer approach should be encouraged. Possible care team approaches include:
 - Third party care team leader
 - Health homes
 - ACOs
 - Providers
- Individuals should be able to purchase a wide variety of services through their budget, including assisted technology, home monitoring, employment services, and prevention services
- Beyond these broad based reforms, SIM should also consider more “tactical” initiatives, for example:
 - Payment strategies to reduce emergency use and hospitalizations of residential care and nursing home residents
 - Payment strategies to reduce utilization of New Hampshire Hospital

Quality

Quality Workgroup Highlights

The SIM quality strategy should:

- Focus on measures that:
 - Are meaningful and helpful to individuals and families
 - Allow the performance of the entire system to be measured
 - Support SIM mission statement, goals and desired outcomes
 - Support CMS' Triple AIM approach to health care reform
 - Broaden the focus of providers and systems of care
- Recognize that quality measurement, especially LTSS, is evolving and that we will most likely need a quality strategy that also evolves over time
- Focus on outcomes and look more broadly at outcomes beyond the medical model, such as the quality of life as reported by the individual
- Measure consumer satisfaction with individual providers and use multiple strategies for collection and measurement
- Measure consumer satisfaction with how well the system is being administered and develop specific performance measures for DHHS
- Understand current data collection limitations and build a strategy accordingly
- Include a strategy to how to share/make transparent SIM quality results to external stakeholders
- Engage other payers and attempt to align quality strategies, where possible

HIT/IT

HIT/IT Workgroup Highlights

Current State Assessment

- HIT/IT infrastructure varies widely across LTSS providers
 - Most need upgrading or replacing
- Little clinical data is shared electronically between or with LTSS providers
 - Current platforms may not be able to accept and transfer clinical data
- Adoption/use rates are low for providers with consumer portals
- Budget tracking, authorizations and billing information is not accessible in one place
- Public agencies are behind in technology adoption
- Still a lot of paper in the system
- Data difficult to mine because of reporting layers
- Duplication and lack of consistency across programs

An Approach to HIT/IT Initiatives

Redesign Ideas

- Provide incentives to individuals/families and staff for using available systems
- Facilitate access to all aspects of service delivery in one place for individuals/families
- Create better tools for care managers and providers to share data and assist individuals and families from the application process through service delivery
- Deploy technology to help individuals/families manage their LTSS budget
- Develop a security strategy that supports the initiative and supports the need for data security and addresses privacy requirements
- Develop reimbursement methodology for telemedicine, in home technology, and assisted technology
- Allow purchase of broadband access as part of care plan and/or allow use of individual budget surplus for broadband purchase
- Re-invest a portion of SIM savings in HIT/IT initiatives

Regulatory and Legal

Regulatory and Legal Workgroup Highlights

Recommendations/Discussion Points

- Regulations, both current and future, would benefit from a consistent expression of the system's vision, mission and goals
- Regulations should be reviewed to determine if they add cost without adding value
- When possible, regulations for similar services should be consistent across programs
- Potential benefits of consolidating the waivers and/or pursuing an 1115 waiver include: establishing LTSS as an entitlement on par with nursing home care, standardizing access to services, reducing consumer confusion, giving more freedom to individuals to access needed services
- In developing a waiver strategy care must be taken to:
 - Not lose the individualized nature of services under the existing waiver programs
 - Not risk the future financial health of the LTSS in budget neutrality commitments to CMS
- Expanding the use of person directed care creates potential issues with the IRS, DOL and other programs, requiring careful examination
- Harmonizing State and Federal laws and regulations will be important to the success of SIM
- SIM initiatives must also be reviewed as to their potential impact on any existing court orders and/or settlement agreements

Other Barriers

Other Barriers Workgroup Highlights

Meeting Scope

- Meeting focused on two issues, transportation and workforce development

Transportation Challenges

- Current system is challenged by:
 - Lack of a public transportation culture
 - Insufficient number of providers, especially in the rural areas
 - Lack of communication/coordination with transportation providers
 - Waiver limitations on non medical transportation
 - DOL rules
 - Inadequate funding

Transportation Recommendations

- Pursue a transportation broker pilot in a non rural area of the state
- Allow more freedom in the waivers to pay for transportation
- Adopt payment strategies that promote increased use of in-home service delivery, home monitoring, and other applications of telemedicine

Other Barriers Workgroup Highlights

Workforce Development Challenges

- Lack of funding for development and training
- Insufficient number of direct care workers to meet current and future demand
- Lack of awareness of medical professionals of LTSS and substance abuse
- Lack of use of evidenced based practices

Workforce Development Recommendations

- Commit a portion of funds saved from SIM initiatives for re-investment in workforce development
- Consider on-going training requirements for direct care workers
- Involve family members in staff performance reviews
- Develop training and certification programs for primary care providers on LTSS and substance abuse
 - Enhance the pay of PCPs who receive certification
 - Provide the list of certified PCPs to individuals and families
- Adopt payment strategies that promote increased use of in-home service delivery, home monitoring and other applications of telemedicine

Existing Initiatives

Existing Initiatives Workgroup Highlights

- Several additional programs with potential interaction with SIM were identified
 - AMO (CMS grant)
 - MIPCD (HSA)
 - EQRO (required for managed care)
- The group noted the need to engage the Community Mental Health Centers in the SIM project
- The group strongly believe the VA should be actively engaged in the SIM project
- The group reviewed the Programs engaged in activities that are related to or could be impacted by SIM and it became more clear there were several programs that had a greater intersection with SIM than others
 - Several programs could be identified more as initiatives or services with a possible intersection

Existing Initiatives Workgroup Highlights

- Workgroup proposes a document be put together for SIM members. The document would be a brief description of each program potentially impacted by SIM. The description would include:
 - Purpose of the program
 - Program impact to individuals receiving LTSS
 - Populations impacted
 - Status and timeline (in place, planned, in transition, etc.)
 - Funding source
 - Intersection with SIM
 - Lead Agency
 - Visual scale showing the level of intersection with SIM
- Once specific initiatives are identified, the group will do a more in-depth analysis of impacted programs and make recommendations on best ways to coordinate and/or leverage those programs
- Recommends that a timeline be developed that shows how the existing initiatives intersect with each other and SIM
- Recommends that DHHS develop a communication strategy to inform all the potentially impacted programs about the SIM project

Education

Education Workgroup Highlights

Main Focus:

- Identify a communication strategy for SIM changes
- Ensure individual, family and community input is brought into the SIM project once DHSS has an outreach vendor in place

Recommendations

- Three part communication strategy needed
 - “Elevator speech” about purpose of SIM and how it fits with overall DHHS strategy and other initiatives is needed to help create a consistent language across all the programs impacted by SIM. Additionally, a communication strategy is needed to inform and coordinate with other groups, including the Governor’s Care Management Commission, the legislature and other stakeholders.
 - Population specific communication are needed to communicate what do SIM initiatives mean for a specific population or program
 - Individual specific communication needs to be more counseling than education. Focus on “what does this mean to me and what do I have to do now.” A provider training strategy will need to be created to support individual and family education.

Education Workgroup Highlights

Tactical Considerations

- Communications must be clear, specific and in simple terms
- Communication needs to be an on-going activity
- Communications to individuals and families need to be written from their perspective and not written in “programese”
 - What does it mean to me?
 - What do I have to do right now?
- Consistent language and knowledge around SIM goals
- Utilize all available channels, including secondary channels (providers, community organization) for education activities
- Ensure clear agenda, purpose and appropriate staff for all meetings
- Redesign a user-friendly DHHS website

Feedback and Evaluation

- Individual and family feedback needs to be formally incorporated into SIM design. Activities should include:
 - Focus groups
 - CAPS surveys
 - Third party evaluation that incorporates consumer input
 - Use of current feedback mechanisms

Straw Person Draft

Payment Reform Themes

Entry Criteria	Budget Approach	Shop for Services	Incentives
Support a new approach to eligibility for LTSS that focuses on assessing the risk of institutionalization and providing preventative services	More broadly adopt individual/family budget approach similar to the DD waiver	Enable individuals to “shop” for needed services based on price and quality	Create incentives to drive better health, better care and lower costs across the many systems of care that serve individuals using LTSS services
Care Coordination	Remove Barriers	HIT/IT Investment	Workforce Dev
Reward improved care coordination across the systems accessed by individuals using LTSS services	Remove access barriers to cost effective LTSS services regardless of service type	Incent investment in the HIT/IT infrastructure of the LTSS systems	Provide support and/or incentives for workforce development

Proposed SIM Payment Reform Strategy

- Drive change by empowering individuals and families' purchasing of LTSS
- Create transparency into system and provider performance
- Create an incentive strategy that aligns multiple systems of care
- Support improved care and service coordination
- Expand focus of LTSS to include prevention
- Re-invest a portion of SIM generated savings into the system
- Look for “targets of opportunity” to support SIM goals
- Engage other payers in SIM initiatives, where possible

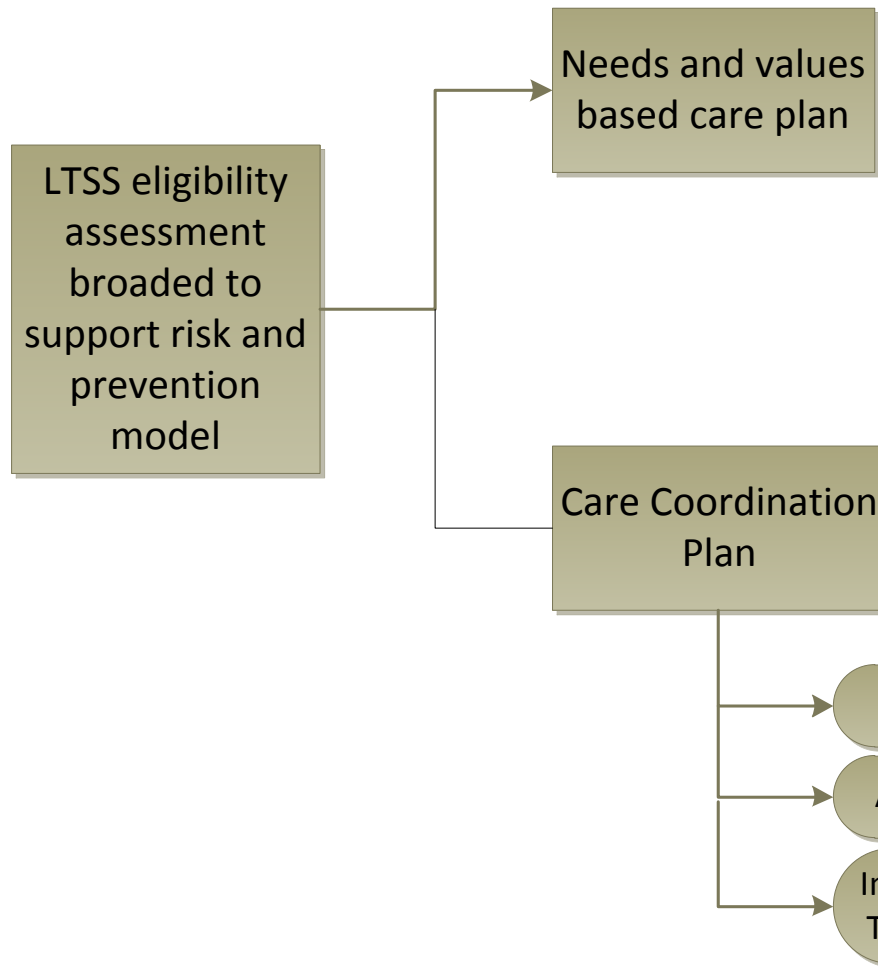
Potential Structure and Approach to SIM Initiatives

Potential Structure and Approach to SIM Initiatives

- The following slides describe a potential set of initiatives that encompass the range of recommendations and themes that have emerged from the work group sessions.
- The suggested initiatives were conceived as a way to create a framework around those recommendations and themes that will allow us to dig deeper into the details of the various ideas and to see how they potentially relate to each other.
- We are also looking for feed back, recommendations on changes and other potential initiatives.



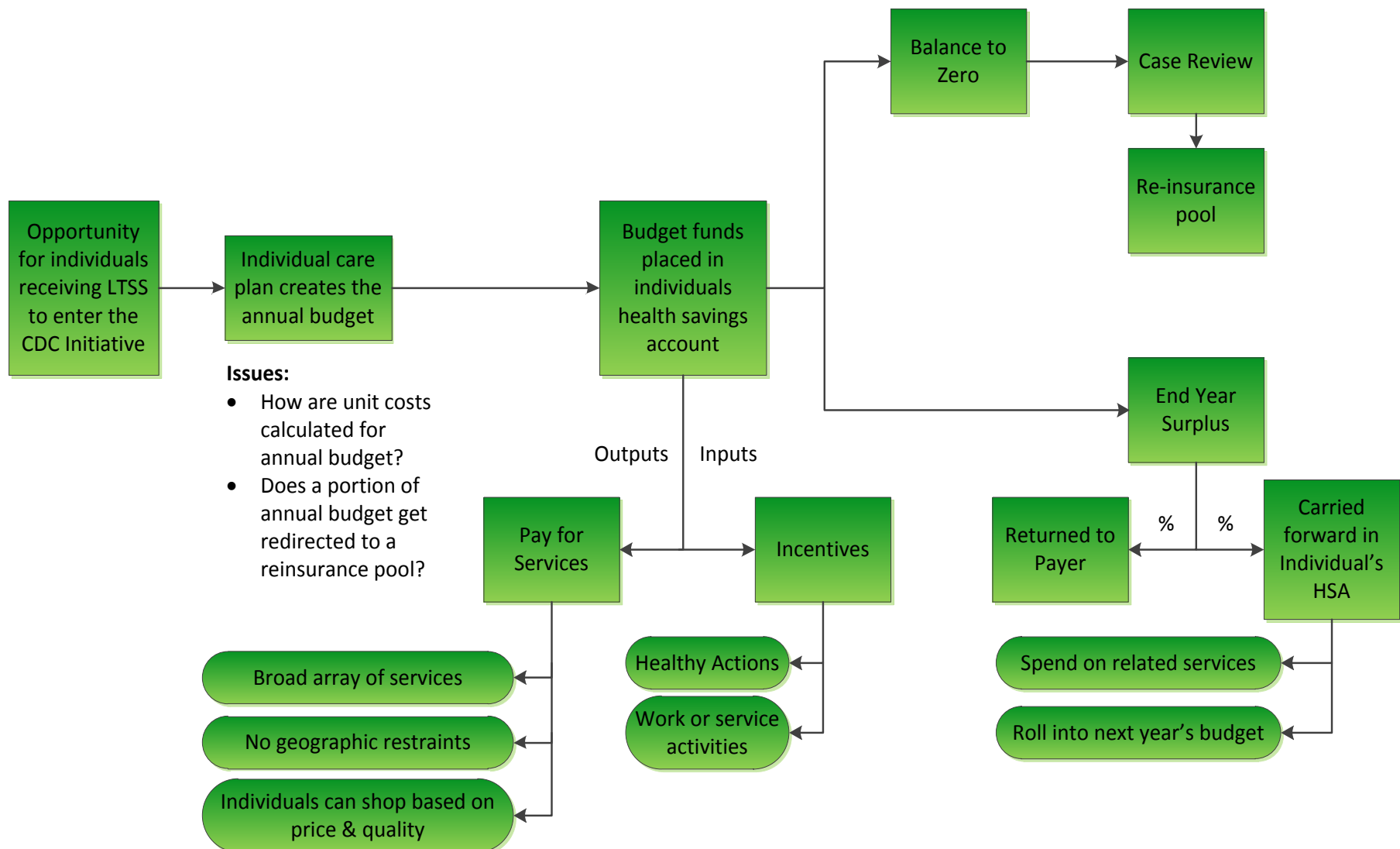
Risk, Prevention and Care Coordination Strategies



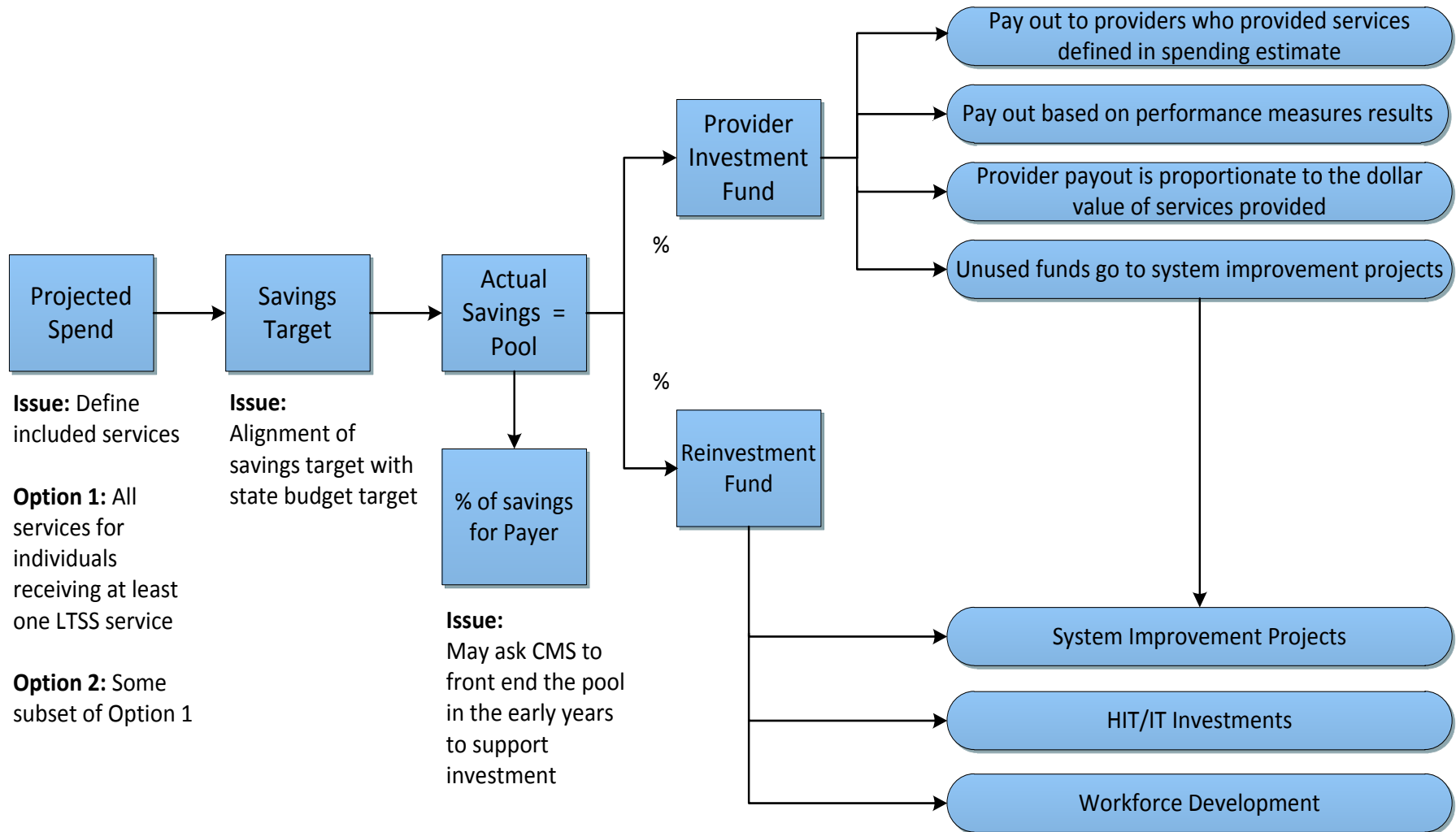
Payment Strategy Supports for RPCC

- PCP LTSS Certification with Enhanced Payment
- Team Leader Reimbursement (health home)
- Support payments for telemedicine, in home monitoring and assisted technology
- Examples of other possible tactical approaches
 - Hospital admission gain/risk sharing for residential facilities and nursing homes
 - NH Hospital readmission gain/risk sharing for community mental health centers

Expanded and Enhanced Consumer Directed Care



Global Triple Aim Incentive Pool



Key Requirements and Issues Related to Potential Initiatives

- Develop quality strategy for incentive program and system and provider performance profiling
- Technology to support expanded use of individual budgets and HSAs
- Legal and regulatory approval at both state and federal level
- Integration with Step 2 design and MCO rate setting